



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas
Commissioner

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José Thier Montero
Director

Application for Lead Safe Renovator Card

Type or print clearly in **INK** and sign the application. All sections of this application must be filled in. The signature must be in ink. Photocopies of the signed form are **NOT** acceptable.

I. APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	(For Identification Purposes Only)
Mailing Address		Apt. #
City	State	Zip Code
Phone Number	Email	

II. EMPLOYER INFORMATION (This information will be used on identification card)

Employer Name		
Employer Mailing Address		Suite #
City	State	Zip Code
Employer Phone		
Employer Fax	Email	

III. CHECKLIST OF REQUIRED DOCUMENTATION

	A copy of the certificate from the course you completed.
	A photocopy of drivers licenses or legal picture identification
	A current, clear and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back of the photograph; or a JPEG formatted picture sent to vshallow@dhhs.state.nh.us .

IV. Check the Status of Lead Safe Renovator you wish to hold.

- ☐ I would like my name to appear on the published list of people who have completed a New Hampshire Lead Safe Renovator course.
- ☐ **DO NOT** include my name on the published list.

V: PHOTOGRAPH: Affix (glue, staple, or tape) a recent passport type picture here.



VI: STATEMENT OF COMPLIANCE

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1603.03) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Application Signature

Date

VII: MAILING INSTRUCTIONS

Send Application to:

New Hampshire Department of Health and Human Services (NH DHHS)
Division of Public Health Services
Childhood Lead Poisoning Prevention Program (CLPPP)
29 Hazen Drive
Concord, NH 03301
ATTN: Lead Licensing
PHONE: 603-271-4507